	Substitute for Form PTO-875										Application or Docket Humber			
		CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									on On	OTH	ER TIMN	
	FOF	NUMBER FILED			T					7	SMAL	L ENTITY		
	6ASIC FEE	RU	HOKEER FILED .		NUMBER EXTRA			RATE	FEE	┨ .	RATE	FEC		
	10TAL CLAIM					· · · · · · · · · · · · · · · · · · ·		ļ	<u> </u>	, or		5		
	(37 CFR 1.16(c			mbo	rs 20 = •		:	_	x s=	,	OR	X \$=		
	(37 CFR 1.16(b))			minus 3 =		·			x s=		OR	x 5 =	1	
-	MULTIPLE DEP	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ 5 =		
1	* If the difference in column 1 is less than zero, enter "0" in column 2.						_	TOTAL		OR	JATOT	1		
	aej	CLAIMS	AS A	MENDE	0 - PAR	ΓŧΙ								
r	8-16-00		ımn 1)	-r	(Column 2)		(Column 3)	3)	SMALL	ENTITY	OR.		R THAN .ENTITY	
	REI		AIMS AINING TER IDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1	Total (37 CFR 1.166) WAY FREST PORCE	<u> </u>	8	Minus	1 60 5	3	- 1		x s=	. /	OR	X \$=)	
	(37 OFR 1.156)		6	Minus	\" C	L	-] [x \$=	1.7	OR	x s =		
Ľ	FIRST PRES	ENTATION OF	MULTIPL	E DEPEN	DENT CLAIM	(37 CF	R 1.16(d))		·+s =		OR	+ 5 =		
									TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE		
		(Colum			(Colum	ın 2)	(Column 3)				-			
AMENDMENT B	4	CLAI REMAI AFTE AMENDI	NING ER		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							1	+5 =	,	OR OR	+5 =		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column	1)		(Column	2)	(Column 3)							
CINI		CLAIM REMAINI AFTER AMENDM	NG		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
ZOMEN	Total (\$7 CFR 1.16(cf)		1	Runin	44	7	-		: \$=		OR	x \$=		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								\$ E		OR OR	+ s =	- 	
									OTAL DDY 656		OR	TOTAL		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Inis collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

^{*} If the entry in column 1 is less than the entry in column 2, write *0* in column 3.